U.S. Department of Labor Office of Labor-Management Standards, Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Liber Only
	For Official USEOUTE
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1. File Number U - 2897

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01 / 01 / 2004 Through: 12/31 / 2004

	4. Name, file number, and address of labor organization.
Name and address of person filing.	Name Cement Masons Local 526
ame Joseph Didiano	Labor Organization File Number 005885
O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
O. Box, Blug., Rudin Ho.,	Street 2606 California Avenue
Street 5545 Bryant Street	and the second s
Nity Library	City Pittsburgh 15212
ZIP Code +4 15200	State Pennsylvania ZIP Code + 4 15212
State Pennsylvania za code Position in labor organization.	the following interests
D 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of the deficiency of the desired to represent.
monetary value from all officers	7 a Mature of Interest, Italiaaction, C. Mature
Name and address of Employer (including trade name, if any).	7.8. Nature of Marie Control of the
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
P.O. Box, Bldg., Room No., it arry	7.b. Amount.
Street	
City	
ZiP Code + 4	
	ignature
submitted in this report (including submitted in this report (including undersigned's knowledge and belief, true, correct, and complete. (See the undersigned's knowledge and belief, true, correct, and complete.	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.) On 3/3/05 412-761-6310 Telephone Number
Signed Asymptotic Signed Signed Asymptotic Signed S	on 8/2/05 412-761-6310

			File Number U-
Name of Person Filing	Joseph	Didiano	

B. Held an interest in or derived income or economic benefit with monetary val	ue from a business (1) a vise dealing with the business				
B. Held an interest in or derived income or economic benefit with moliterary value with the business substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or of an employer whose employees your labor organization or leasing directly or indirectly to, or otherwise (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Apprentice and Journeyman Education and Training Fund	x a. Labor Organization				
Trade Name, if any:	b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street 2606 California Avenue					
Clly Pittsburgh					
State PA ZIP Code + 4 15212					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a, Nature of such dealing.				
and the second of the second o					
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4	Serves as Apprentice Coordinator and Instructor and is paid for his expenses for training, seminars and programs.				
	12.b. Amount. \$2,599.39				
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ler parts A and B above) y or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any).					
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.				